

GREEN MOUNTAIN COMMUNITY NETWORK, Inc.

GREEN MOUNTAIN EXPRESS

Civil Rights Complaint Form

Title VI or ADA Complaints

****Green Mountain Community Network, Inc. receives federal grants to provide various modes of transportation in Bennington County. GMCN has processes in place to receive, investigate, and track complaints. ADA complaints are process as required by 49 CFR 27.121(b). GMCN keeps all ADA complaints in its active file for twelve months and in summary form for five years.**

****Title VI complaints are processes as required by 49 CFR 21.9b. GMCN keeps all Title VI complaints in its active files for twelve months and in summary form for five years.**

****Please submit your complaint form to:**

ADA/Title VI Coordinator
Green Mountain Community Network, Inc.
215 Pleasant Street
Bennington, Vermont 05201

This is an ADA Complaint: _____ A Title VI Complaint _____

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

____ Race/Color/National Origin

____ Sex/Gender

____ Age

____ Disability

____ Retaliation

____ Other (specify) _____

I believe that a public transit provider has failed to comply with the following program requirements:

Disadvantaged Business Enterprise

External Equal Employment Opportunity

Not applicable

Other (Specify _____)

Please complete this form to the best of your ability. If you need translation or other assistance, contact the GMCN Executive Director at 802.447.0477. PLEASE PRINT

Name _____

Address _____ City _____

Zip _____

Phone: Home _____ Work _____ Mobile _____

Email: _____

Basis of Complaint (circle all that apply): Race, Color, National Origin, Sex/Gender, Age, Disability, Retaliation, Other:

Who discriminated against you?

Name _____

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

How were you discriminated against? (Attach additional pages if more space is needed)

Where did the discrimination occur?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination? (add an additional page if needed)

Name _____

Organization/Title: _____

Work Telephone _____ Home Telephone _____

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____ When _____

Status (pending, resolved, etc.) _____ Result, if known _____

Complaint number, if known _____

Do you have an attorney in this matter? Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

I certify this statement is true to the best of my knowledge.

Signed _____

Date _____